

3490218 2017CT1431

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for CapiasJuvenile  
N

|  |                   |  |             |   |  |  |  |                                      |  |  |                              |  |   |  |             |  |  |   |  |   |  |                        |  |  |
|--|-------------------|--|-------------|---|--|--|--|--------------------------------------|--|--|------------------------------|--|---|--|-------------|--|--|---|--|---|--|------------------------|--|--|
| ADMINISTRATIVE   | OBTS Number       |  |             | ARREST / NOTICE TO APPEAR   |  |  | Juvenile Referral Report                           |                                      |  | 1. Arrest<br>2. N.T.A.                   |                              |  | 3. Request for Warrant<br>4. Request for Capias |  |             | 1  |  | Juvenile<br>N   |  |   |  |                        |  |  |
|  | Agency ORI Number |  | Agency Name |   | PALM BEACH COUNTY SHERIFF'S OFFICE   |  |  | Agency Report Number (N.T.A.'s only) |  |  | 06- 17-109409                |  |   |  |             |  |  |   |  |   |  |                        |  |  |
| ChargeType:<br>Check as many as apply.   |                   | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony                                     |             | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Weapon Seized / Type                 |  |  | Multiple Clearance Indicator |  |   | 1  |             |  |  |   |  |   |  |                        |  |  |
| Location of Arrest (Including Name of Business)  |                   | 392 W. Industrial Ave, Boynton Beach, FL 33426   |             | Location of Offense (Business Name, Address)  |  |  | 392 W. Industrial Ave #--, Boynton Beach, FL 33426 |                                      |  |  |                              |  |   |  |             |  |  |   |  |   |  |                        |  |  |
| Date of Arrest<br>08/01/2017   |                   | Time of Arrest<br>0353   |             | Booking Date  |  | Booking Time   |  | Jail Date                            |  | Jail Time                                |                              | Location of Vehicle  |   | City Towing  |             |  |  |   |  |   |  |                        |  |  |
| Name (Last, First, Middle)<br><b>Vitalle, Christina, C</b>   |                   |  |             |   |  |  |  |                                      |  | Alias (Name, DOB, Soc. Sec. #, Etc.)     |                              |  |   |  |             |  |  |   |  |   |  |                        |  |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian  |                   | Sex<br>W F   |             | Date of Birth<br>03/30/1991   |  | Height<br>5'06   |  | Weight<br>125                        |  | Eye Color<br>Bro                         |                              | Hair Color<br>Bro  |   | Complexion<br>Light  |             | Build<br>Small   |  |   |  |   |  |                        |  |  |
| Scars, Marks, Tatoo's, Unique Physical Features (Location, Type, Description)  |                   |  |             |   |  |  |  |                                      |  | Marital Status<br>Single                 |                              | Religion<br>CHRISTIAN  |   | Indication of:<br>Alcohol Influence<br>Drug Influence                      |             | Y N Unk.   |  |   |  |   |  |                        |  |  |
| Local Address (Street, Apt. Number)<br><b>2106 SE Dolphin Rd, Port St. Lucie, FL 34952</b>   |                   |  |             |   |  |  |  |                                      |  | (City)                                   |                              | (State)  |   | (Zip)  |             | Phone<br>(772) 418-5837  |  | Residence Type:<br>1. City<br>2. County   |  | 3. Florida<br>4. Out of State                   |  |                        |  |  |
| Permanent Address (Street, Apt. Number)<br>,   |                   |  |             |   |  |  |  |                                      |  | (City)                                   |                              | (State)  |   | (Zip)  |             | Phone<br>( )   |  | Address Source  |  |   |  |                        |  |  |
| Business Address (Name, Street)  |                   |  |             |   |  |  |  |                                      |  | (City)                                   |                              | (State)  |   | (Zip)  |             | Phone<br>( )   |  | Occupation  |  |   |  |                        |  |  |
| D/L Number, State<br>V-340-103-91-610-0, FL  |                   |  |             | Soc. Sec. Number<br>[REDACTED]  |  |  |  | INS Number                           |  |  |                              | Place of Birth (City, State)<br>West Palm Beach, FL                        |   |  |             | Citizenship<br>US  |  |   |  |   |  |                        |  |  |
| Co-Defendant Name (Last, First, Middle)  |                   |  |             |   |  |  |  |                                      |  | Race                                     |                              | Sex  |   | Date of Birth  |             | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |   |  |                        |  |  |
| Co-Defendant Name (Last, First, Middle)  |                   |  |             |   |  |  |  |                                      |  | Race                                     |                              | Sex  |   | Date of Birth  |             | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |   |  |                        |  |  |
| Parent<br>Legal Custodian<br>Other:  |                   |  |             |   |  |  |  |                                      |  | [Signature]                              |                              |  |   | Residence Phone<br>( )   |             |  |  |   |  |   |  |                        |  |  |
| Address (Street, Apt. Number)  |                   |  |             |   |  |  |  |                                      |  | (City)                                   |                              | (State)  |   | (Zip)  |             | Business Phone<br>( )  |  |   |  |   |  |                        |  |  |
| Notified by: (Name)  |                   |  |             |   |  |  |  |                                      |  | Date                                     |                              | Time   |   | Juvenile Disposition<br>1. Handled processed within Dept. and Released.    |             |  |  | 2. TOT HRS / DYS<br>3. Incarcerated   |  |   |  |                        |  |  |
| Released To: (Name)  |                   |  |             |   |  |  |  |                                      |  | Relationship                             |                              |  |   | Date   |             |  |  | Time  |  |   |  |                        |  |  |
| The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |                   |  |             |   |  |  |  |                                      |  | School Attended                          |                              |  |   | Grade  |             |  |  |   |  |   |  |                        |  |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |  |             |   |  |  |  |                                      |  | Description of Property                  |                              |  |   | Value of Property  |             |  |  |   |  |   |  |                        |  |  |
| CODE   |                   | Drug Activity<br>N. N/A<br>P. Possess  |             | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Dispense/<br>Distribute           |  | M. Manufacture/<br>Produce/<br>Cultivate |                              | Z. Other   |   | Drug Type<br>N. N/A<br>A. Amphetamine                                      |             | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                    |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.  |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics |  | U. Unknown<br>Z. Other |  |  |
| CHARGE   |                   | Charge Description<br><b>Driving Under the Influence</b>   |             |   |  |  |  |                                      |  |  |                              | Counts   |   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |             | Statute Violation Number<br><b>316.193(1)</b>                                |  |   |  | Violation of ORD #                              |  |                        |  |  |
| CHARGE   |                   | Drug Activity<br>N   |             | Drug Type<br>N  |  | Amount / Unit  |  | Offense #<br><b>17-109409</b>        |  | Counts                                   |                              | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |   | Warrant / Capias Number  |             |  |  | Bond  |  |   |  |                        |  |  |
| CHARGE   |                   | Charge Description   |             |   |  |  |  |                                      |  |  |                              | Counts   |   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |             | Statute Violation Number   |  |   |  | Violation of ORD #                              |  |                        |  |  |
| CHARGE   |                   | Drug Activity  |             | Drug Type   |  | Amount / Unit  |  | Offense #                            |  | Counts                                   |                              | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |   | Warrant / Capias Number  |             |  |  | Bond  |  |   |  |                        |  |  |
| CHARGE   |                   | Charge Description   |             |   |  |  |  |                                      |  |  |                              | Counts   |   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |             | Statute Violation Number   |  |   |  | Violation of ORD #                              |  |                        |  |  |
| CHARGE   |                   | Drug Activity  |             | Drug Type   |  | Amount / Unit  |  | Offense #                            |  | Counts                                   |                              | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |   | Warrant / Capias Number  |             |  |  | Bond  |  |   |  |                        |  |  |
| CHARGE   |                   | Charge Description   |             |   |  |  |  |                                      |  |  |                              | Counts   |   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |             | Statute Violation Number   |  |   |  | Violation of ORD #                              |  |                        |  |  |
| CHARGE   |                   | Drug Activity  |             | Drug Type   |  | Amount / Unit  |  | Offense #                            |  | Counts                                   |                              | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |   | Warrant / Capias Number  |             |  |  | Bond  |  |   |  |                        |  |  |
| NOTICE TO APPEAR   |                   | Location (Court, Room Number, Address)<br><b>South County Courthouse 200 W. Atlantic ave, Delray Beach, FL 33444</b> |             |   |  |  |  |                                      |  |  |                              | Date   |   |  |             | Time   |  |   |  | Violation of ORD #                              |  |                        |  |  |
| NOTICE TO APPEAR   |                   | Court Date and Time<br>Month <b>August</b> Day <b>29</b> Year <b>2017</b> Time <b>8:30</b> AM X PM                   |             |   |  |  |  |                                      |  |  |                              | 08/01/2017   |   |  |             |  |  |   |  |   |  |                        |  |  |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT, SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED                  |                   |  |             |   |  |  |  |                                      |  |  |                              |  |   |  |             |  |  |   |  |   |  |                        |  |  |
| Signature of Defendant (or Juvenile and Parent /Custodian)   |                   |  |             |   |  |  |  |                                      |  | Date Signed                              |                              |  |   |  |             |  |  |   |  |   |  |                        |  |  |
| HOLD for other Agency<br>Name:   |                   |  |             |   | Signature of Arresting Officer<br>X  |  |  |                                      |  | Name Verification (Printed by Arrestee)  |                              |  |   |  | [Signature] |  |  |   |  |   |  |                        |  |  |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other:   |                   |  |             |   | Name of Arresting Officer (Print)<br><b>D/S Christopher Ward # 16305 16305</b> |  |  |                                      |  | I.D. #                                   |                              |  |   |  | (PRINT)     |  |  |   |  |   |  |                        |  |  |
| Intake Deputy  |                   |  | I.D. #      |   | Pouch #  |  | Transporting Officer<br><b>D/S C. Ward</b>         |                                      |  | ID #<br><b>16305</b>                     |                              | Agency<br><b>PBSO</b>  |   | Witness here if subject signed with an -X"                                 |             |  |  |   |  |   |  |                        |  |  |

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

1

Juvenile

N

|   |             |                                    |                          |           |                      |               |          |                |   |               |           |
|---|-------------|------------------------------------|--------------------------|-----------|----------------------|---------------|----------|----------------|---|---------------|-----------|
| Agency ORI Number   | Agency Name | PALM BEACH COUNTY SHERIFF'S OFFICE |                          |           | Agency Report Number | 06            | 17109409 |                |   |               |           |
| Charge Type:<br>Check as many as apply<br>1. Felony      3. Misdemeanor<br>2. Traffic Felony      4. Traffic Misdemeanor  |             |                                    | 5. Ordinance<br>6. Other |           |                      | Special Notes |          |                |   |               |           |
| Defendant Name (Last, First, Middle)  |             |                                    | VITALLE                  | CHRISTINA | CATHERINE            | Race          | W        | Sex            | F | Date of Birth | 3/30/1991 |
| Charge  |             |                                    | DUI                      |           |                      |               |          |                |   |               |           |
| Charge  |             |                                    | Charge                   |           |                      |               |          |                |   |               |           |
| Victim Name (Last, First, Middle)   |             |                                    |                          |           |                      | Race          | Sex      | Date of Birth  |   |               |           |
| STATE OF FLORIDA  |             |                                    |                          |           |                      |               |          |                |   |               |           |
| Local Address (Street, Apt. Number)   |             | City                               |                          | State     | Zip                  | Phone         |          | Address Source |   |               |           |
| Business Address (Street, Apt. Number)  |             | City                               |                          | State     | Zip                  | Phone         |          | Occupation     |   |               |           |
| The undersigned swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...   |             |                                    |                          |           |                      |               |          |                |   |               |           |
| <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br><input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. |             |                                    |                          |           |                      |               |          |                |   |               |           |
| On the <u>1ST</u> day of <u>AUGUST</u> 20 <u>17</u> at <u>0300</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM   |             |                                    |                          |           |                      |               |          |                |   |               |           |

On 8/1/2017 at approximately 0300 hours, while traveling eastbound on W. Boynton Beach Blvd from the intersection at S. Military trail, I observed a maroon colored Nissan Rouge SUV traveling in the same direction bearing FL tag CSR9A. The vehicle began swerving in and out of the inside lane approximate 2-3 times and striking the median. I conducted a check of the tag which revealed that the tag was expired as of 5/26/2017.

I then activated the emergency lights on my unmarked patrol vehicle and conducted a traffic stop on the vehicle at the intersection of W. Boynton Beach Blvd and W. Industrial Ave. I approached the drivers side of the vehicle and made contact with the driver who identified herself by her FL Drivers License as W/F Christina Vitalle. Upon contact with Vitalle, I could immediately smell the odor of an unknown alcoholic beverage emanating from her person. Vitalle's eyes were glossed over and she seemed confused when asked her questions about where she was coming from. Vitalle was slurring her speech and was having difficulty trying to find her license when asked.

D/S Ward later arrived on scene during the traffic stop and the investigation was turned over to him. No further action was taken at this time. This concludes my involvement in this case. This report is a supplement to the original.

|  |  |  |  |
|--|--|--|--|
| The foregoing instrument was sworn to and affirmed before me this <u>1ST</u> day of <u>AUGUST</u> 20 <u>17</u> by: |  |  | SCANN  |
| D/S WARD 16305   |  |  | 9364   |
| Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)   |  |  | AUG - 3                                      |
| Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  |  |  | Signature of Arresting/Investigating Officer |
|  |  |  | Page <u>1</u> of <u>1</u>                    |

| ADMIN  | OBTS Number   |                                    | PROBABLE CAUSE AFFIDAVIT  |         |  |              | 1. Arrest<br>2. N.T.A. | 3. Request for Warrant<br>4. Request for Capias | 1<br>Juvenile<br>N          |  |
|--|---|------------------------------------|---|---------|--|--------------|------------------------|---|-----------------------------|--|
|  | Agency ORI Number   | Agency Name                        | Agency Report Number  |         |  |              |                        |   |                             |  |
| DEF  | FLO 500000  | PALM BEACH COUNTY SHERIFF'S OFFICE |   |         | 06- 17-109409  |              |                        | Special Notes:                                  |                             |  |
| CHARGES  | Charge Type:<br>Check as many as apply:<br>1. Felony<br>2. Traffic Felony   |                                    | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |         | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |              |                        |   |                             |  |
| DEFE   | Name (Last, First, Middle)<br><b>Vitale, Christina, C</b>   |                                    |   |         | Alias  |              | Race<br>W              | Sex<br>F  | Date of Birth<br>03/30/1991 |  |
| CHARGES  | Charge Description<br>Driving Under the Influence   |                                    | 316.193(1)  |         | Charge Description   |              |                        |   |                             |  |
| CHARGES  | Charge Description  |                                    |   |         | Charge Description   |              |                        |   |                             |  |
| VICTIM   | Victim's Name (Last, First, Middle)<br><b>State of Florida, ,</b>   |                                    |   |         |  |              | Race<br>--             | Sex<br>-  | Date of Birth<br>- - -      |  |
| VICTIM   | Local Address (Street, Apt. Number)<br>,  |                                    | (City)  | (State) | (zip)  | Phone<br>( ) | Address Source         |   |                             |  |
| VICTIM   | Business Address (Name, Street)   |                                    | (City)  | (State) | (zip)  | Phone<br>( ) | Occupation             |   |                             |  |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.<br/><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br/><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>   |   |                                    |   |         |  |              |                        |   |                             |  |
| <p>On the <u>1</u> day of <u>August</u> <u>2017</u> at <u>0316</u> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>   |   |                                    |   |         |  |              |                        |   |                             |  |
| <p><b>Pen Light Task (Horizontal Gaze Nystagmus [HGN]):</b><br/>The defendant was placed with their feet together and hands down by their side. The defendant was clearly instructed to await the competition of the instructions prior beginning the task. The defendant acknowledged that they clearly understood my instructions prior to me beginning my instructions for the task. The defendant stated that they clearly understood my instructions for the task. I placed my stimulus in front of the defendant and ask the defendant if they could see it to which he said "yes." I asked the defendant what color the stimulus was to which they answered. "red." I asked the defendant to touch the side of the tip with the side of her finger. Upon commencing the Pen Light Task (HGN) the defendant moved their head side to side in lieu of following with their eyes only, anticipated the stimulus, and did not follow the stimulus. I had to reinstruct the defendant during the task to follow the stimulus with their eyes only. During the task I observed that the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally.</p> |   |                                    |   |         |  |              |                        |   |                             |  |
| <p><b>Post SFST's:</b><br/>At this time I found probable cause to believe that the defendant was impaired for the purposes of operating and/or being in actual physical control of a motor vehicle pursuant to Florida State Statute 316.193(1). I placed the defendant in an handcuffing position by asking them to spread their feet apart, placed their hand behind them and close their eye. I then asked the defendant to count backwards from 50. As I placed the handcuffs on the defendant she pulled her hands away and stiffened her arms. I was able to get both hands in the handcuffs with the assistance of Det. Goldstein and D/S Lauginiger. I checked the handcuffs for proper fit and double locked them. I then placed the defendant in the rear of my PBSO patrol vehicle.</p>   |   |                                    |   |         |  |              |                        |   |                             |  |
| <p>An inventory search of the vehicle was conducted prior to tow per PBSO policy. I located a plastic cup with a liquid in the center console inside the vehicle. The liquid had the odor of an unknown alcoholic beverage based on my training and life experience. The vehicle was towed by rotation by City towing to their impound lot.</p>  |   |                                    |   |         |  |              |                        |   |                             |  |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p><b>D/S Christopher Ward</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>1</u> day of <u>August</u> <u>2017</u> by <u>D/S Christopher Ward</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ Personally Known LEO</p> <p>Notary Public - State of Florida<br/>My Comm. Expires Nov 18, 2017<br/>Commission # FF 059684<br/>Bonded Through National Notary Assn.</p> <p>SCANNED<br/>AUG - 3 2017<br/>PAGE 1 OF 1</p>   |   |                                    |   |         |  |              |                        |   |                             |  |
| ADMINISTRATIVE   | <p>DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p> <p>PBSO #0004 REV. 04/01</p> |                                    |   |         |  |              |                        |   |                             |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF August 20 17, AT 0316 AM PM

SUBJECT: Vitalle, Christina, C CASE NUMBER: 17-109409

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Christopher Ward # 16305  
**PERSONAL CONTACT**

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I was called to the scene of a traffic stop near the intersection of Boynton Beach Blvd and W Industrial Ave, in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 0320 hrs.

D/S R. Maharaj # 9366 told me, in a signed sworn PC Supplement, that he had stopped the defendant's vehicle, a maroon colored Nissan Rouge bearing FL tag CSR9A, because the defendant's vehicle was swerving, hit the curb and had an expired tag. D/S Maharaj noticed that the defendant had articulable indicators of impairment, so he requested me to respond to conduct a possible DUI investigation. D/S Maharaj identified the defendant, to me, as the driver / sole occupant of the defendant's vehicle, at the time of the stop. (See Supplemental PC for further).

## OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by FL DL as, Christina Vitalle. I observed that the defendant had red, watery, bloodshot eyes. The defendant had slurred, slowed, speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I asked the defendant if they had any medical problems or had taken any medications and the defendant said no. I asked how much they had had to drink. The defendant said, three cocktails. She stated that said cocktails were Whiskey and Ginger.

I asked the defendant to exit the vehicle. The defendant swayed while standing, stumbled while walking, and leaned on the car for balance.

I asked the defendant to perform voluntary roadside task. The defendant consented.

I conducted the Standardized Field Sobriety Tasks (SFSTs) with the following results;

## DRIVER'S STATEMENTS:

Pre Miranda / spontaneous roadside admissions: While in her vehicle she stated that she had drank 3 cocktails and they said that those cocktails. She stated that she was coming from Belvedere Rd and Dixie Highway and was heading to Wellington. She stated she believed that she was on Forest hill blvd. She stated that it was approximately 0230 hours. She stated that she started drinking at 0145 hours. She stated that she stopped at approximately 0230 hours. She stated that she had lunch at approximately 1430 hours. She stated that she had no medical problems.

## ODORS:

I could smell the obvious odor of an unknown alcoholic beverage, based on my training and experience, that came from the defendant and intensified as the defendant spoke to me.

## **GENERAL OBSERVATIONS**

SPEECH: slurred, slow,

ATTITUDE: polite, friendly, cooperative, resisted,

CLOTHING: Demin Dress

MEDICAL/OTHER: I conducted the Standardized Field Sobriety Tasks (SFSTs) in front of my PBSO patrol vehicle (Asset # 56089) in car video system with the following results. Dark with some street lights and was also lit by the lights on my patrol vehicle and clear of any large debris. It was Warm and Not Windy. The area was dry; Defendant states no medical problems or medications.

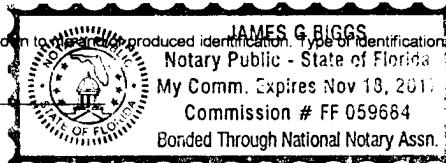
**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

**D/S Christopher Ward # 16305**

(Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of August 20 17 by D/S Christopher Ward # 16305

(Print name of Arresting/Investigative Officer), who is personally known to me or produced identification, type of identification produced



Personally Known LEO

SCANNED

AUG - 3 2017

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: LT EYE-LACK OF SMOOTH PURSUIT RT EYE-LACK OF SMOOTH PURSUIT LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREESOther Observations:

See P.C.

WALK & TURN:

I had the defendant create an imaginary line on the ground. I had the defendant place their left foot on the line with their right foot in front of the left, heel to toe. I told the defendant to remain in the position throughout my instructions and demonstration. The defendant was instructed not to start the task prior to me telling them to begin. The defendant acknowledged and stated they completely understood my instructions. The defendant was then instructed on the task which was also demonstrated. The defendant swayed during my instructions. The defendant came out of the stance and started the task prior to me telling him to begin. Once the defendant was told to begin the task they missed heel to toe, stepped off the line, used their arms for balance, made an improper turn, walked the incorrect number of steps, and spontaneously stopped prior to completing the task. The defendant asked for additional instructions and swayed throughout completing the task.

ONE LEG STAND:

The defendant was instructed to stand with their feet together and their hands down by their side. They were then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood the instructions. The defendant swayed while in the instructional position. After being told to begin the defendant put their foot down prior to being told to stop, used their arms for balance and swayed. The defendant spontaneously stopped the task prior to being told to do so.

FINGER TO NOSE:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. I instructed the defendant on the task and demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant then proceeded to miss/search for the tip of their nose with the tip of their finger and started with the wrong hand. The defendant did not keep their head tilted back during the task.

ROMBERG ALPHABET:

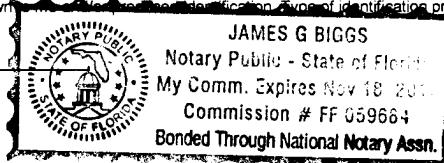
The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant stated that they knew their English alphabet from A to Z and/or could count in English from 0 to 100. I instructed her on the task and then demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant then proceeded to misstate their alphabet. The defendant did not keep their head tilted back and/or opened their eyes during the task.

BREATH TEST RESULTS: 1) .210 2) .226 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S Christopher Ward # 16305

(signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of August 2017 by D/S Christopher Ward # 16305(Print name of Arresting/Investigative Officer), who is personally known to me under the following power of identification produced Personally Known LEO

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SCANNED  
AUG - 3 2017

NOT A CERTIFICATE

SCANNED  
AUG - 3 2017

**IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE****NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

**CONSTITUTIONAL WARNINGS****I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

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AUG - 3 2017

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: EPILEPSY? \_\_\_\_\_

GLASS EYE? \_\_\_\_\_

FALSE TEETH? \_\_\_\_\_

EAR INFECTION? \_\_\_\_\_

INNER EAR TROUBLE? \_\_\_\_\_

DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

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AUG - 3 2017

# WITNESS LIST

CASE NUMBER: 17-109409

ARRESTING OFFICER: **D/S Christopher Ward # 16305**

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): 561-688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: DUI Investigation

NAME: **D/S J. Lauginiger # 29813**

ADDRESS: 3228 Gun club Rd, West Palm Beach, Fl 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Trainee/back up

NAME: **D/S R. Maharaj**

ADDRESS 3228 Gun Club Rd, West Palm beach, fl 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Wheel Witness

NAME: **Det. W. Goldstein # 1531**

ADDRESS 3228 Gun Club Rd, West Palm beach, Fl 33406

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: 3228 Gun Club Rd, West Palm Beach, fl 33406

NAME: **D/S J. Certain**

ADDRESS 3228 Gun Club Re, West PalmBeach, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: Request Tow/Inventory Vehicle

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

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